

23311

PLACE OF BIRTH
NAME ADDED BY SUPPLEMENT

ARIZONA STATE BOARD OF HEALTH

1. County of Mauca
District of 12
Town of _____
or Phoenix Ariz.
City of St. Joseph's Hosp. 1st & 2nd St.

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 370
County Registrar No. 2411
Local Registrar No. 1304

2. Full name of child Phillip Leroy Greene, Jr.
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes

Date of birth Dec. 15-24
Month Day Year

FATHER
Full name Philip Leroy Greene
9. Residence (Usual place of abode) 226 N. 11th St.
If non-resident, give place and state.
10. Color or race Colored
11. Age at last birthday 33 (Years)

MOTHER
Full maiden name Lucille Warfield
15. Residence (Usual place of abode) 226 N. 11th St.
If non-resident, give place and state.
16. Color or race Colored
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Texarkana
(State or country) Arkansas

18. Birthplace (city or place) Kansas City
(State or country) Mo.

13. Occupation Barber
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature A. H. McDonald
Address 238 E. Wash. St.
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____

Filed 12-19, 1924
Registrar _____
Local Registrar St. Joseph's Hosp.
County Registrar _____

775-1215-364